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Great Britian. Army.

Report of the Army  
Sanitary Commission...

[Westminster]

[1894]

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REPORT OF  
THE ARMY SANITARY COMMISSION;  
ON CONTAGIOUS DISEASES IN THE INDIAN ARMY.

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A recent Return, "East India (Cantonment Acts)," No. 318, of 1895, gives important information in reference to Contagious Diseases in the Indian Army.

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MILITARY DESPATCH from Government of India to Secretary of State for India  
(No. 244), dated Simla, 8th November, 1893.

*This despatch refers to Contagious Diseases in the British Army in India, and is signed by Lord Lansdowne, the Viceroy; Sir Alexander Miller, the Legal Member of the Council of the Governor General of India; and Lieutenant General Sir Henry Brackenbury, Member of the Governor General's Council.*

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MILITARY DESPATCH from Secretary of State to Government of India (No. 25);  
dated 1 March, 1894.

My Lord,

HAVING considered in Council your predecessor's Military Despatch, No. 244, of 8th November, 1893, forwarding the statistics of venereal disease among British and Native troops in India for the year 1892, **I caused a copy of it to be sent to the Army Sanitary Commission.** A copy of their Memorandum on the subject, and of a letter from this office in reference thereto, is now enclosed for your information.

2. You will observe that the Commission do not concur in the opinion of your medical advisers as to the benefit to be derived from a system of compulsory lock hospitals. **The conclusion at which they arrive is that this system has, in India, proved a failure,** and that its re-institution cannot consequently be advocated on sanitary grounds. Their reasons for this opinion are fully given in the Memorandum, and need not be repeated here.

\* \* \* \* \*

*This despatch is signed by the Earl of Kimberley.*

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MEMORANDUM by the Army Sanitary Commission on the Statistics of Venereal Disease among British and Native Troops in India for the year 1892, forwarded with Letter from Military Secretary, No. 11,546, dated 11 December, 1893.

THESE papers may be taken as a continuation of those on which we remarked in our Memorandum dated 30th August, 1893. They add the facts of another year, and, although we have already expressed an opinion on the whole question, it appears desirable that we should discuss it again in the light of the new facts available.

That venereal diseases prevail among European soldiers in India to such an extent as to constitute a most serious cause of inefficiency in the Army is a fact which admits of no question and the grave character of which can hardly be exaggerated. The bare statement that throughout India in 1892 no less than 28,000 European soldiers were admitted into hospital suffering from one or other of the many forms of venereal disease, and that the time spent under treatment by each of these cases averaged 29.01 days, is sufficient to illustrate, in a very few words, the magnitude of the evil which has to be dealt with.

2. But while there is no doubt whatever as to the vast extent of this evil, there is great difference of opinion as to what may or can be done to check it. Many people treat the whole matter as if both the cause and the remedy were very simple. The lock hospitals, they say, have been abolished, and hence venereal diseases prevail; re-establish these

hospitals and this prevalence will be checked ; hundreds of soldiers who now fill the hospitals will then be doing their duty and, instead of labouring under a disease which they may very likely transmit to their children, they will then be healthy and in due time the fathers of healthy families.

3. If these opinions were correct we should not hesitate to urge that the lock hospital system should be re-established in India without delay, and that it should be carried out with unremitting care and attention ; but unfortunately the facts do not support such opinions. The lock hospital system was in force throughout Indian cantonments for many years.† It was one of the first matters affecting the health of the British soldier in India which engaged the attention of the special Sanitary Department created in that country in 1864. The rules for the prevention of venereal diseases were prepared with great care, and every effort was made to administer them with success. Every year a report of each lock hospital was submitted to the Sanitary Department, and year after year suggestions were made and acted on for rendering the system more efficient. In every cantonment a special sub-committee was formed whose duty it was to look to the working of the rules, to propose improvements, and generally to see that both the civil and military authorities who were alike concerned, should pull together with that energy and co-operation which were essential.

4. When the rules were first promulgated the Sanitary Department was sanguine that venereal diseases, which always occupied such a prominent place as a cause of sickness and invaliding among European soldiers in India, would be reduced to a mere fraction of what they had been, and even **after years of unsuccessful result it was still hoped that with increased care and greater stringency the desired end might yet be attained. But there can be no question that the outcome was a failure.**

5. For this unexpected issue three causes seem to be mainly responsible. First, there was the difficulty of being able to tell when a woman of the prostitute class is incapable of causing disease. The opinion so commonly held that this can be easily determined on examination is one of those popular errors which need correction. It ~~may~~ be argued that the retention of a certain number of diseased women in hospital must, *pro tanto*, reduce the number of men affected and so have a certain salutary influence ; but, on the other hand, a large reduction in the number of prostitutes might make the few remaining outside greater sources of danger than they otherwise would have been. This, however, is not a matter to be decided by mere theoretical considerations. We can deal only with the facts, and there was ample evidence in the course of the Indian Lock Hospital experience to show that a woman's passing the periodical examination was no guarantee that she might not communicate disease.

6. But there was another and widely operative difficulty which was encountered in the administration of the rules, and that was that many of the women with whom the soldiers consorted were never on the register, and, therefore, under no surveillance whatever. In every Indian cantonment after dusk the vicinity of the European lines is haunted by women of the lowest and poorest class who, though not prostitutes by profession, are willing to prostitute themselves for even a smaller sum than is claimed by the regular courtesan. To bring these women under registration and periodical examination was found to be impracticable.

7. To add to the above-named reasons, which seemed, in some measure at least, to account for the unsatisfactory results, there was still another, and that was that the rules were directed exclusively to the condition of the women. They had no reference to the condition of the men, and there can be little doubt, especially where the number of women available was small, either because many were in hospital or because of other reasons, that the condition of men also constituted an element in the problem.

† It existed for the 18 years, 1867 to 1884. In 1885 certain of the lock hospitals were closed as an experimental measure, but were re-opened in the early part of 1887, and the system was again in full force till September, 1888, when it was altogether done away with.

8. We have said that the hopes of reducing venereal disease among the troops by means of lock hospitals which were formed by the Sanitary Department in India, were not realised. **Not only did these hospitals fail to effect a reduction in the ratio of venereal cases among European troops, but, as it happens, these diseases increased during the term of years in which they were in full operation.** On this point we may refer to our memorandum on the Report of the Sanitary Commissioner with the Government of India for 1889.

9. This untoward result was doubtless due to other causes which were operating over these years, and notably to the short-service system, involving an increase of young men, and a reduction in the proportion of those who were married. How far these causes tended to defeat the good which these lock hospitals might have achieved cannot be determined. The problem may to some extent, however, be judged of by the results of the experiment made by the Government of India when in certain cantonments the lock hospitals were closed, and the venereal statistics in them were afterwards compared with the statistics of other places in which the operation of such hospitals was continuous. Such a comparison was made in the memorandum by Surgeon-Major-General Bradshaw which we received from the India Office and commented on in our memorandum dated the 30th August, 1893. It is not necessary here to refer to these statistics further than to repeat that, according to the most favourable construction that could be put on the figures, the general result in favour of the cantonments with continuous lock hospitals was a reduction of the admissions into hospital from venereal diseases to the extent of only one-sixth part.

10. The facts, so far as we can ascertain them, lead us to the conclusion that a compulsory lock hospital system in India had proved a failure, and that its re-institution cannot consequently be advocated on sanitary grounds. In stating this conclusion we may add that we are merely repeating the opinions which the Army Sanitary Commission have uniformly held, that venereal diseases in the Army of India could not be repressed by such restrictive measures, and in support of this statement we may refer to the memoranda on the Indian Sanitary Reports which have issued from this Office for many years. We believe that the best practicable means of diminishing the prevalence of these diseases is to be found in establishing a system of voluntary lock hospitals, and in providing the soldier, as far as possible, with healthy occupation and recreation.

11. But we entirely concur in the suggestion contained in the Military Despatch from the Government of India that the authorities should have power, as in the case of other infectious diseases, to expel from cantonments women "when they are known to be diseased and refuse to submit to treatment in hospital." We would also strongly advocate that the power of commanding officers should be as much enlarged as practicable in the direction of diminishing the temptations to young soldiers, by preventing women, for example, from coming about the lines after dusk, and also in putting places out of bounds where soldiers are believed to have contracted disease. **Commanding officers should also be urged to encourage in every way all forms of athletic amusement, as physical fatigue acts as a deterrent to sexual indulgence.**

12. Although the German system is unsuited to India, where the circumstances are very different from what they are in Europe, a full account of the working of that system, and of the extent of venereal disease in the German Army might contain some suggestions of practical value, and we should therefore be glad to be favoured with a copy of Dr. Roe's report to which reference is made in these papers, and of any other reports from which the needful information can be obtained.

We may remark that statistical returns from the Army Medical Department, showing the amount of venereal disease in the Army at home during the period when the Contagious Diseases Acts were in force as compared with the period since their abolition, do not show that any more favourable results obtained during the time the Acts were in

**operation.** On this point evidence will be found in the statement appended. The inference which may be drawn from the figures of that statement would seem to be that the Acts exercised to some extent a deterrent and restraining influence on illicit prostitution on the part of certain classes of the population in this country, from their being apprehensive of police observation, rather than that their operation influenced the prevalence of these diseases, for, **as a matter of fact, the ratio of admissions per 1,000 has decreased since the Acts have been abolished.**

13. The small amount of venereal disease in the Native Army of India is no new experience, but has been known as a matter of annual occurrence. We are not aware that any inquiry has ever been made as to the cause of this marked contrast between European and Native soldiers, and we would suggest that some such inquiry might be instituted. The points which seem to invite special attention are, whether Native soldiers, who as a rule have not their families with them, consort with strange women to the same extent as European soldiers, and, if so, whether they consort with the same class of women as the British soldier. It may be that in the case of Native soldiers religion, habits, diet, especially as regards the use of meat, alcohol, and opium, have some influence, and it is desirable that these points should be investigated.

14. We are glad to note that in all three Presidencies there was a diminution of secondary syphilis among European troops in India in 1892 as compared with 1891. This may probably have been due to the marked diminution of venereal diseases in 1891 as compared with 1890. To this fall in the venereal ratio in 1891 no reference is made either in these or the previous papers on the same subject. The absence of this reference makes the returns for 1892 appear somewhat more unfavourable in relation to those of other years than they really are. For the last five years the general venereal ratios, as given in the table of enclosure marked B., stand thus:—

										Admissions into Hospital from Venereal Diseases per 1,000 of Strength.
1888	-	-	-	-	-	-	-	-	-	370.6
1889	-	-	-	-	-	-	-	-	-	481.5
1890	-	-	-	-	-	-	-	-	-	503.5
1891	-	-	-	-	-	-	-	-	-	400.7
1892	-	-	-	-	-	-	-	-	-	409.9

It is true that 1892 shows an increase of nine cases per 1,000 over 1891, but the ratio of 1892 is still nearly one hundred per 1,000 less than it was in 1890. The rules issued under the Cantonment Act of 1889, which concern, among other things, the establishment of what were known as the Voluntary hospitals, seem to have appeared on 21st December, 1889, so that if the reduction in venereal diseases in 1891 is to be ascribed to them it is strange that they should have had no influence in 1890.

War Office, 25 January, 1894.



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